

NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions)
This form should be filed after the Committee qualifies as a multicandidate committee.

1. (a) NAME OF COMMITTEE IN FULL Granite Values PAC		
(b) Number and Street Address 105 N State Street		2. FEC IDENTIFICATION NUMBER C00629311
(c) City, State and ZIP Code Concord NH 03301		3. TYPE OF COMMITTEE (check one) <input type="checkbox"/> STATE PARTY <input checked="" type="checkbox"/> OTHER

I certify that **one** of the following situations is correct (complete line 4 *or* 5):

4. **STATUS BY AFFILIATION:** The committee submitted its Statement of Organization (FEC FORM 1) on _____ and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: _____

FEC Identification Number: _____.

5. **STATUS BY QUALIFICATION:**

(a) **Candidates:** The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):

	Name	Office Sought	State/District	Date
(i)	Casey, Robert, P, , Jr	Senate	PA 00	03/22/2017
(ii)	Gillibrand, Kirsten, Elizabeth, ,	Senate	NY 00	06/26/2017
(iii)	Heitkamp, Heidi, , ,	Senate	ND 00	05/09/2017
(iv)	Manchin, Joe, , , III	Senate	WV 00	06/26/2017
(v)	Tester, Jon, , ,	Senate	MT 00	03/30/2017

(b) **Contributors:** The committee received a contribution from its 51st contributor on: 06/20/2017.

(c) **Registration:** The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 11/30/2016.

(d) **Qualification:** The committee met the above requirements on: 06/26/2017.

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.		
TYPE OR PRINT NAME OF TREASURER Sullivan, Kathleen, N., ,	SIGNATURE OF TREASURER Sullivan, Kathleen, N., , [Electronically Filed]	DATE 08/21/2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.